phenolsulphonephthalein (half the adult dose) was injected deeply into the lumbar muscles. Catheterization at 70 to 120 minutes or both was performed except in the older children who could void. The specimens were alkalinized and diluted to 500 c.c. instead of to 1000 c.c. to allow for the half-dose administered. As a result of these tests the following conclusions were reached: "(1) The observation is confirmed that the elimination of phenolsulphonephthalein is not markedly decreased in any disease other than renal. (2) Even the youngest infants and children show about the same capacity for phthalein elimination as do adults. (3) Preliminary catheterization in the absence of retention of urine is unnecessary. (4) For purposes of comparison a uniform technic should be adopted and maintained. (5) We believe that in children a single collection exactly two hours after the injection into the lumbar muscles of 6 mgs. of phthalein should be the method of choice. The necessity for continuous or repeated catheterization would thereby be avoided. (6) An entirely different standard must be used for the accelerated output resulting from the intravenous injections. The latter need only be employed when local conditions, such as marked edema, prevent the use of the intramuscular route."

OBSTETRICS

UNDER THE CHARGE OF

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Death during the Puerperal Period from Rupture of the Bladder.—Huxley (*Jour. Obst. and Gynec. Brit. Emp.*, June–August, 1915) reports the case of a primipara, whose fetus was in the right occipito-posterior position, who was delivered by her physician by forceps. The physician instructed the nurse to catheterize the patient, but this was not done, as it was thought that the bladder was emptied spontaneously; there was a tear in the perineum which was closed. Eight days after the birth of the child, after a sudden stretching movement of the right arm, the patient was seized with violent abdominal pain, collapse, and vomiting. On admission to hospital the patient was in shock; the abdomen greatly distended, but not very rigid nor very tender. There was dulness over the pubes and evidently free fluid was in the abdomen. The patient stated that no urine had been passed for about thirty days and by the catheter about 40 ounces of somewhat offensive urine was removed. On the following morning 35 ounces were taken. Ten days after confinement the patent died. At autopsy between 2 and 3 pints of turbid urine was in the abdominal cavity and there was a free peritoneal exudate. The bladder was adhesive to the anterior abdominal wall and the posterior part adhesive lightly to the anterior surface of the uterus. The wall of the bladder was very thin, as if it had been overdistended. At the summit of the bladder fundus was a tear two and a half inches in length through which urine had

escaped. This case raises the interesting question "when and why rupture of the bladder occurred." It seems most probable that the sudden stretching movement which the patient made on the ninth day of the puerperal period and which was followed by acute pain was the active cause of the bladder rupture. In accounting for this accident it is remembered that forceps was applied to the fetal head when the bladder was distended. This produced increased pressure. The fact that the bladder had been distended had produced atony and the sudden reaching movement which the patient made had caused a strong and sudden contraction to the abdominal muscles sufficient to empty the bladder. One similar case is found reported by GENTILES (*Brit. Med. Jour.*, 1883, i, No. 3). The patient was a multipara and had suffered from retention of urine. She had an abortion at three months and developed acute abdominal symptoms, resulting in death thirty hours after. At abortion rupture was present and was thought to have resulted from expulsive labor pains acting upon the distended bladder.

Ovarian Cyst Obstructing Labor.—SALISBURY (*Jour. Obst. and Gynec. Brit. Emp.*, June–August, 1915) adds to the literature of this subject three cases. In the first the patient had been in labor six days at full term, and having strong uterine contractions. The child was dead and the head fixed in the pelvic brim in the right occipitoposterior position. There was complete dilatation and a large tense cyst filled Douglas's pouch below the presenting part. When the abdomen was opened and the uterus lifted out, a dermoid of the left ovary was withdrawn and ruptured. The cyst was removed, the uterus replaced, and the fetal head pushed into the pelvic brim. The patient was placed in the lithotomy position, the occiput manually rotated to the front, and with axis-traction forceps a large, dead child was delivered. The abdominal wound was closed, the patient making a good recovery. This is thought to have been a safer method than delivery by Cesarean section. In the second case, under the care of a midwife, a mass was felt behind the vagina above which was the fetal head. Under very strong pains a living child was born and the mass disappeared. The patient vomited once but seemed fairly well. She was admitted to hospital and the abdomen opened when a tumor of the left ovary weighing 2½ pounds was found to have ruptured. There was a quantity of blood, serum, and mucoid material in the peritoneal cavity. The cyst and fluid were removed, a tube used for drainage, and the patient recovered. The third case was sent to hospital in labor because the doctor had found two polypi in the vagina. The patient was at full time in her third pregnancy. On admission she was having pains, the child living, and presenting as a first vertex. By palpation a small cyst of the left ovary was found on the left side. In Douglas's pouch there was a very hard, angular mass continuous with a softer mass on the left side of the pelvis. The patient's labor pains subsided, although amniotic liquid escaped before the abdomen was opened. As it was impossible to reach the tumors, the uterus was first emptied by section and a living child delivered. The pelvic mass was a dermoid of the right ovary as large as a cocoanut which contained a mass of bone and three teeth. There was also a dermoid of the left ovary above the pelvic brim. Both tumors were removed, the patient making an uninterrupted recovery.